PART B - FEE(S) TRANSMITTAL

Mail Stop ISSUE FEE

Complete and send this form, together with applicable fee(s), to: Mail or Fax				Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg (571) 273-2885	r Patents inia 22313-1450	JAN 2 6 2006
			FEE and PUBL ers and notification specifying a new	ICATION FEE (if requi on of maintenance fees we correspondence address;	ired). Blocks 1 through 5 sl vill be mailed to the current and/or (b) indicating a sepa	correspondence address as arute "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) 35068 7590 11/07/2005				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
UNIVERSITY OF CALIFORNIA LOS ALAMOS NATIONAL LABORATORY P.O. BOX 1663, MS A187 LOS ALAMOS, NM 87545				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-7885, on the date indicated below.		
					tzgera/d A	(Depositor's name)
				111/1	160	(Signoture)
			•	January 26.	2006	(Date)
APPLICATION NO.	FILING DATE	NG DATE FIRST NAMED IN		ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/776,086	02/02/2001		Gary S. Selv	γn	S-91,756	9416
TITLE OF INVENTION: F	PROCESSING MATERIALS	INSIDE AN ATM	OSPHERIC-PRE	SSURE RADIOFREQUE	ENCY NONTHERMAL PLA	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	02/07/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS	J	
ZERVIGON, RUDY		1763		156-345000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is reguired.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
2 APRICALE NAME AN	D RESIDENCE DATA TO I as an assignce is identified to in 37 CFR 3.11. Completion	BE PRINTED ON To below, no assignee of this form is NOT	HE PATENT (p	int or type)		document has been filed for
(A) NAME OF ASSIG		(B) RESIDENCE: (CITY and STATE OR CO	OUNTRY)	
The Regents of the			Los Alamos, New Mexico			
Universit	v of California	ì		V.		
Please check the appropria	te assignee category or categ	ories (will not be pr	inted on the pater	nt): 🗆 Individual 🔼	Corporation or other private g	group entity Government
4a. The following fee(s) are enclosed:			4b. Payment of Fee(s):			
Issue Fee			A check in the amount of the fec(s) is enclosed.			
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copics			The Director is hereby authorized by charge the required fec(s), or credit any overpayment, to Deposit Account Number 12-2150. (enclose an extra copy of this form).			

5. Change in Entity Status (from status indicated above) ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CPR 1.27. The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication fee (if required) will post be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States placent and Trademark Office. January 26, 2006 **Authorized Signature**

Registration No. <u>Fîtzgerald</u> Typed or printed name Mark N. This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

48,300

00000005 0.00 DA 0.00 DA

98092260

2



RECEIVED CENTRAL FAX CENTER JAN 2 6 2006

Ideas that Change the World

P.O. Box 1663, LC/IP, MS A187 Los Alamos, NM 87545 (505) 667-3766 Fax: (505) 665-4424 FAX TRANSMISSION COVER SHEET

Date: January 26, 2006

To: Issue Fee

US Patent and Trademark Office

Phone:

Fax: (571) 273-8300

From: Mark N. Fitzgerald

LC/IP

Phone: (505) 665-5187

Fax: (505) 665-4424

Re: 09/776,086

S-91,756

Gary S. Selwyn

Sender: Karen Y. Mikus

YOU SHOULD RECEIVE 2 PAGES, INCLUDING THIS COVER SHEET. IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL (505) 665-1684.

Comments:

Included in this facsimile transmittal are the following documents for filing in the above-identified patent application:

Issue Fee Transmittal

Fee Payments Authorized: \$1,000.00

IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS ABOVE VIA THE UNITED STATES POSTAL SERVICES. THANK YOU.

UNCLASSIFIED